

AB8919288

SUSANA A. MENDOZA
COMPTROLLER - STATE OF ILLINOIS

ERVIN RAYMOND N

331 SPRINGSIDE LN
BUFFALO GROVE IL 60089-1650

Vendor Number ***** A

Agency *	HEALTHCARE & FAMILY SERVICES
Warrant Number	AB8919288
Warrant Amount	\$1,077.60
Warrant Date	05-15-2019
Voucher Number	PV478904626323

Payment Description: CHILD SUPPORT COMMERCIAL REFUND VOUCHER
PLEASE DISREGARD THE PHONE NUMBER ON THE WARRANT
REFER ALL INQUIRIES TO 1-800-447-4278

Invoice Number	Inv. Date	Customer ID	Billing Account Number	Net Amount
				1077.60

DO YOU NEED HELP OR HAVE QUESTIONS ABOUT THIS PAYMENT?

For questions regarding this payment, please contact the Vouchering Agency at the number listed below:

HEALTHCARE & FAMILY SERVICES 217-782-5565

Payment of interest may be available if the State fails to comply
with the Illinois Prompt Payment Act (30 ILCS 540/1).

www.illinoiscomptroller.gov/contact

121247626

AB8919288
REFER TO THIS NUMBER

DRAWN BY **SUSANA A. MENDOZA** COMPTROLLER 70-2186
ON THE TREASURER OF THE STATE OF ILLINOIS 711

PAY THIS AMOUNT: One Thousand Seventy-Seven*****60/100 **\$*****1077.60**

VOID AFTER TWELVE MONTHS

TO THE ORDER OF:

DATE ISSUED: 05-15-2019

ERVIN RAYMOND N

331 SPRINGSIDE LN
BUFFALO GROVE IL 60089-1650

AB8919288

COUNTERSIGNED AND REGISTERED



Michael Frerichs, Treasurer, State of Illinois

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and contains an artificial watermark on
the reverse side.

GRANTED, DRAWN AND RECORDED

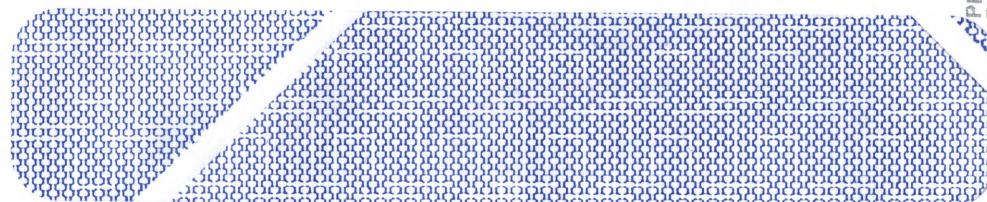


Susana A. Mendoza, Comptroller, State of Illinois



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SUSANA A. MENDOZA
STATE OF ILLINOIS • COMPTROLLER
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SPRINGFIELD, ILLINOIS 62704-1871



PRESORTED
FIRST CLASS



DBFB665B 60089

